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ABSTRACT

Four interrelated parts make up a school health program: an administrative component; a health services component that determines the total health status of the student and seeks remedial action for health problems; a healthful school living component that designates the plans, procedures, and activities that provide a school environment conducive to optimum physical, mental, and social health and safety; and a health education component that provides formal classroom experiences for favorably influencing knowledge, attitudes, habits, values, skills, and behavior pertaining to individual and group health. This guide is designed to help an evaluation team survey what a school is doing in each of these areas and compare that effort to what is considered good practice. A section of the guide is devoted to each of the four areas of the health program. Each section is divided into subheadings. Under each subheading three columns are provided. The first column presents standards and recommended practices, the second presents a variety of methods for the evaluation committee to use in discovering and noting what is presently being done, and the third leaves room for time schedules, proposed plans, and comments. (Author/IRT)

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CURRICULUM REVIEW HANDBOOK

HEALTH EDUCATION

Oklahoma State Dept. of Education

1981-82

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FOREWORD

This handbook has been developed as a tool to help teachers, administrators, and other concerned individuals improve the health education programs in our schools.

A health education program to be effective must: (1) impart the necessary health knowledge to help students make intelligent decisions regarding their health (2) develop a healthy attitude toward daily living and (3) give the students an opportunity to practice good health habits in a healthful school environment.

It is our hope that this handbook will prove to be a useful tool in improving the health of boys and girls now and in the future.

Leslie Fisher
State Superintendent of Public Instruction

Acknowledgements

Health Education Handbook

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Oklahoma Congress of Parent & Teachers - Karen Leveridge, President
American Heart Association - John G. Rogers, Executive Vice-President
American Red Cross - Leroy Dennis, Safety Director

I welcome the opportunity to recognize and express appreciation to Mary Spencer and Jan Bradford of our staff for their creative leadership in directing this publication.

This handbook should serve as a major tool to improve the health curriculum in the schools throughout Oklahoma.

Harvey Tedford, Administrator
Comprehensive Health Education
State Department of Education

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Philosophy

Health as defined by the World Health Organization is "a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity." Health is one of the cardinal principals of education - a healthy body and a sound mind is a child's greatest asset. Therefore, it stands to reason that the schools bear the responsibility of preparing students to seek a high quality and quantity of life by helping them to understand health and to make good health related decisions. What children learn about health and disease, their attitudes toward their bodies and mind, and the health practices they follow will affect their well-being as tomorrow's adults and their society as a whole.

WE BELIEVE:

A comprehensive school health program can assist all students by providing information and assistance that will enable them to cope with, adjust to, or improve their present state of health, thereby enhancing their performance in the classroom.

Every child can be helped to achieve his full potential through becoming responsible for his own personal health decisions and practices, through working with others to maintain an ecological balance helpful to man and the environment, and through becoming a discriminating consumer of health information, health services, and health products.

A comprehensive school health program includes health services, health instruction, and healthful school living. The following components are mutually supportive, not mutually exclusive, and have a strong interrelationship.

Appraising the health status of students so that they may reach their optimal level of learning;

Counseling students and their parents relative to the findings and encourage recommendation of the defects;

Providing an attractive and safe environment and climate essential for healthful living and desirable learning;

Providing for health instruction which involves a broad range of sequential learning activities whose purpose is to positively influence student's health knowledge, attitudes and practices.

Introduction

The School Health Program is designed to maintain and enhance the health of students, school personnel, and the community.. It should be a foundation for action programs in the community by providing a health oriented school population. Students will be equipped to deal wisely with their own and their families' health problems and should provide a potential source of adult leadership for future community health problems. The program supplements and reinforces home and community programs. It utilizes the resources of official agencies, professional associations, voluntary organizations, and other community groups, including civic clubs.

Four inter-related parts make up the School Health Program:
(I) Administration of the School Health Program, (II) School Health Services which strive to determine the total health status of the student and seek remedial action for health problems, (III) Healthful School Living which designates the plans, procedures, and activities which provide a school environment conducive to optimum physical, mental, and social health and safety, and (IV) Health Education which provides formal classroom experiences for favorably influencing knowledge, attitudes, habits, values, and skills and behavior pertaining to individual and group health.

This guide can be useful in surveying what a school is doing in terms of health and comparing this to what is considered good practice. As a result, desirable changes can be undertaken to improve the school health program as the needs are indicated.

HOW TO USE THIS GUIDE

It is recommended that an evaluation team be organized which may include representatives from school administration, teaching staff, medical and dental professions, nursing, health departments, parents, community groups, etc.

The team should review and discuss the guide prior to its utilization and formulate a plan of action to help insure that techniques and resources are available to appropriately complete the study. The team can then proceed to evaluate its health program by answering the questions and comparing the existing program with the recommended practices.

The third column of the form provides space for comments, priorities, proposed plans, and time schedules.

Shortcomings should be prioritized upon consideration of how critical they are and what resources are needed to correct them. A thorough plan of action will include deficiencies subject to immediate and

easy correction of problems requiring larger amounts of resources and time (may take one to two years). Follow-up is encouraged to see that corrections are being made according to the specified plan of action.

The study group should not hesitate to request help from specialists or consultants from agencies listed, in addition to local community resources.

Also, this checklist could serve as a valuable tool to school personnel to point out strengths and weaknesses of their respective areas or responsibilities.

Part I

Administration of the School Health Program

A successful school health program involves understanding and leadership by the School Administrator in his role as top-ranking coordinator and liaison with the Board of Education, his staff members and the community. He must be able to present school health needs to his board and utilize all resources and facilities in the community for fostering the health of the school children. He is responsible for the enforcement of the state laws regarding school health, including immunizations. The school experiences of students in our school health programs will largely determine their knowledge and their attitudes about health. It is the responsibility of every school to offer a comprehensive and effective health education program taught by adequately prepared instructors. This effort should be supported by all groups in the community. The administrator sets the keynote for effective working relationships with school personnel, students, and the community. A school should be responsive to and involve the community in planning, developing, implementing, and evaluating programs in a variety of ways, including the establishment of and/or the participation in school-community health committees.

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
Program Organization and Administration		
A. A well-organized school health program should be planned jointly by the schools, the health department, educational and health professional associations and other responsible community groups.	A. What methods are used to provide for joint planning of the school health program? 1. on a community-wide basis? 2. on an individual school basis?	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
B. Both the Board of Health and Board of Education may be charged with specific responsibilities. If this is so, the administration of the responsibilities are clearly defined.	B. List the responsibilities of the: 1. School 2. Department of Health	
C. A school health program is best integrated when a well qualified school person is appointed to coordinate it.	C. 1. The person responsible for the coordination and administration of the school health program is: a. Superintendent ____ b. Assistant Superintendent ____ c. School Health Coordinator ____ d. Principal ____ e. School Medical Advisor ____ f. School Nurse ____ g. Other (list): ____ 2. The person responsible for the development of the health curriculum is: a. Superintendent ____ b. Assistant Superintendent ____ c. Curriculum Director ____ d. School Health Coordinator ____ e. Principal ____ f. School Nurse ____ g. Department Chair ____ h. Other (list): ____ 3. The person responsible for Health Services is: a. Superintendent ____ b. Assistant Superintendent ____ c. Curriculum Director ____ d. School Health Coordinator ____ e. Principal ____ f. School Nurse ____ g. Department Chair ____ h. Other (list): ____	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
D. Administrative objectives are:	D. 1. Does the school have written policies that:	
1. To develop sound school health policies and to facilitate and make more effective the work of teachers, school health service personnel, and other related non-teaching staff (cafeteria workers, bus drivers, custodians).	a. Clearly define agency responsibility including legal. Yes ___ No ___ b. Clearly define roles of personnel, e.g., nurses, administrators, teachers, etc. Yes ___ No ___ c. When were the policies last reviewed?	
2. To provide for special in-service education programs to be conducted for the personnel directly involved in the school health program.	2. Special in-service education programs are conducted for these personnel? Yes ___ No ___ How often? These in-service education programs are evaluated to determine their effectiveness? Yes ___ No ___	
3. To provide for periodic evaluation and improvement to help keep the program in step with changing needs and trends.	3. Periodic evaluations and improvements are provided in the program? In what ways? How often?	
4. To define and develop sound and effective working relationships among agencies directly concerned with the school health program, and to communicate school health concerns to the community-at-large.	4. There are sound and effective working relationships between those involved in the school health program and agencies? Yes ___ No ___ If not, what plans are being made to improve these relationships? Check ways the school health concerns are communicated to the community: P.T.A. or P.T.O. ___ School Health Committee ___ School Communications ___ Official Agencies ___ Voluntary Health Agencies ___ Other ___	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
	The person responsible for helping to insure sound and effective working relationships is: a. Superintendent ____ b. Assistant Superintendent ____ c. Curriculum Director ____ d. School Health Coordinator ____ e. Principal ____ f. School Nurse ____ g. Department Chair ____ h. Other ____	
E. Well-prepared personnel, in all phases of the school health program are essential for its effective and successful implementation.	E. Qualifications of school health personnel. 1. Check the qualifications and experience of the school health coordinator: a. Certificated ____ b. 3 to 5 years experience in health education or school health programs ____ c. Recent courses or workshops related to school health ____ d. Other (list): ____ 2. What percent of the school nurses are: a. Registered Nurse in Oklahoma? ____ b. Certified as a School Nurse ____ c. Have a baccalaureate degree ____ d. Have had post-baccalaureate courses in school health? ____ 3. What percent of elementary teachers have background (a minimum of three semester hours) in health education and/or health science? ____ 4. What percent of the secondary teachers assigned to teach health are certified in health education? ____ 5. The school provides an in-service health education program for:	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
	a. Teachers? Yes___ No___ Date: One-half day or less ___ One day or more ___ College Credit ___ Staff Development Points ___	
	b. Related Services? school nurses, guidance counselors, social workers, etc. Yes___ No___ Date: One-half day or less ___ One day or more ___ College Credit ___ Staff Development Points ___	
	c. Administrative Personnel? Yes___ No___ Date: One-half day or less ___ One day or more ___ College Credit ___ Staff Development Points ___	
	d. Non-teaching (non-certified) personnel? Yes___ No___ Date: One-half day or less ___ One day or more ___ College Credit ___	
F. The school administration promotes the intergration of health and safety in all curricular and extra curricular activities of the school.	F. The school administration promotes the integration of health and safety in all curricular and extra curricular activities of the school by: Leaving to individual teachers___ Combined efforts of teachers/ coordinators___ Suggestions in teachers guides___ Written policies and procedures___ Other: Explain	
G. If available, schools utilize their community directory of health services.	G. The directory is readily available to all school personnel? Yes___ No___	
H. Schools should know what health resources are available in the community and how they can be utilized effectively.	H. The school utilizes the following community resources: Health Department ___ Other official agencies ___ Medical Society/Auxiliary ___ Dental Society/Auxiliary ___ Voluntary Agencies ___ Civic Groups ___ Other (list):	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE

First Aid for Sudden Illness and Accidents:

A. An emergency medical treatment authorization form be annually filled out on each student by his parent or legal guardian before October of each year. This form is to be kept on file in the school.

A. Emergency medical treatment authorization forms for all students are filled out annually and are on file in each school? Yes___ No___

B. First aid and sudden illness procedures agreed upon by administrator and staff are written and disseminated to all staff.

B. 1. Are policies agreed upon by administrator and staff? Yes___ No___

2. Are written copies of first aid and sudden illness policies made available to all staff? Yes___ No___

C. Persons in each building plant (other than nurses) trained in first aid, providing direction in cases of sudden illness or accident.

1. Are there persons with current first aid preparation available at each building site. Yes___ No___

2. Are all teachers working in High risk areas qualified in first aid, such as:
Art/Science Labs ___
Shops ___
Home Economics ___
Physical Education ___
Other/Specify ___

D. First aid procedures should be briefly written for quick reference and posted in special areas, such as science labs, shops, home economics rooms, school health clinic, and physical education areas, administrative offices, and other strategic areas.

D. Check areas posted:
Science Lab ___
Shops ___
Home Economics Room ___
Health Clinic ___
Physical Education ___
Offices ___
Other/Specify ___

E. First aid equipment/supplies should be kept in stock and readily accessible to designated personnel. All medicines, compounds, bandaging materials should be clearly labeled for use. A designated person should be responsible for ordering supplies.

E. 1. In what location are first aid supplies stored?

2. All supplies are clearly labeled? Yes___ No___

3. Check the person responsible for ordering and restocking supplies?
a. Superintendent ___
b. Assistant Superintendent ___
c. Curriculum Director ___
d. School Health Coordinator ___
e. Principal ___
f. School Nurse ___

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
	.. .. g. Department Chair h. Other (List): __	
Accident Reporting System		
A. Written policies and procedures (developed by administration and faculty, outlining a system for reporting school accidents) should be available to all school personnel.	A. Policies are written and made available to all staff? Yes ___ No ___	
B. An Accident Reporting Form should be developed and utilized to maintain statistical data and for future legal reference.	B. Does your school have and use an Accident Reporting Form? Yes ___ No ___	
C. The reporting system should: 1. define a "reportable accident" 2. indicate the time lapse in reporting the accident 3. record information to include: who, what, when, why, and first aid administered 4. include follow-through on treatment or referral 5. indicate who is responsible for recording and reporting accidents 6. include witness information and/or statements	C. Does the reporting system include: 1. definition of a reportable accident __ 2. time lapse in reporting accident __ 3. who-what-where-when-why __ 4. follow-up- a. number of days lost from school __ b. determining cause of accident c. possible action in future to avoid or eliminate future occurrences __ 5. who is responsible for recording accidents? _____ __ 6. witness information form __	
D. School personnel should be familiar with school accident forms and should complete or use them uniformly.	D. School personnel are informed regarding the use of accident forms by: 1. Staff conferences __ 2. News bulletin __ 3. Teacher handbooks __ 4. Other (list): __	
E. At the end of each school year, all accident data should be reviewed, analyzed, and compared with last year's records to determine the needs for next year's records.	E. List recommendations as a result of reviewing this year's records.	
F. A safety committee is recommended to provide leadership for planning a comprehensive safety education program. It should include such people as: administrator, safety specialist, teacher, driver education teacher, physician, school nurse, bus driver, student, parent, etc.	F. 1. Do you have a safety committee? Yes ___ No ___ 2. Who is on the committee? 3. List the name of the Specialist in Safety.	

Part II

School Health Services

In order to meet the education and health needs of students, it is essential to secure data concerning their physical, mental, and emotional condition. Thus, school health services are an important part of the school health programs. These services are planned to protect the health of the students and to help each pupil reach and maintain good health. Also, the school health service program serves as a learning experience for students, teachers, and parents, helping to insure positive health practices.

The school health program is influenced by local customs, the types of professional manpower, the resources available, the understanding and cooperation of the community.

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE

Teacher Observation

A. To teach effectively, it is important that the teacher keep informed of the health needs of all assigned students.
   1. Teachers should receive in-service education in the health observation of school children whom they suspect as having a health problem to appropriate health service personnel. This should be a year round program.
   2. A Teacher Worksheet for Student Health observation would be useful to familiarize teachers with signs and symptons of health and emotional problems.

A. What type of in-service education is provided teachers to improve their skills of observation and referral procedures?
   1. Teacher/Nurse Conferences Yes ___ No ___
      Health Education Workshops
      College/University Credit Courses Yes ___ No ___
      Other (list):
   2. Do teachers use A Teacher Worksheet for Student Health Observation? Yes ___ No ___

Health Screening

Hearing

A. Annual screening should include the following as a minimum:
   1. all children in grades K through 3
   2. all teachers and/or parent referrals
   3. all children new to the school system
   4. all exceptional children
   5. all children once in lower, intermediate and upper secondary respectively

A. Check grades you are screening with the pure tone audiometer:

	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Number Screened														
No. Failed 1st Screening														
No. Failed 2nd Screening														
No. of Corrections Obtained														
Referred														

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE

B. All students failing the first screening should be re-screened within two weeks.

B. The number of children who failed to pass threshold screening tests represents _____ percent of all children screened.

C. Refer all children who fail to pass the threshold screening test to appropriate resources as: Medical or Audiological.

C. What percentage of the children referred for follow-up care are known to have received it? _____

D. Follow-up referrals to see if care has been obtained.

D. Procedures used to follow-up referral:
___Visit to home
___Telephone call (by teacher or nurse)
___Note sent home
___Other (list):

Vision

E. Ideally, all children (Kindergarten through grade 12 and all teacher referrals) should be screened annually.

Comprehensive vision screening should include a test for far and near visual acuity, eye muscle imbalance, excessive farsightedness and screen for color deficiency at least once in either elementary or secondary.

E. Check grades you are screening.

1.

	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Number Screened														
No. Failed 1st Screening														
No. Failed 2nd Screening														
No. of Corrections Obtained														
Referred														

2. Are you screening all children in grades 1 or 3 for:
Ocular muscle imbalance Yes___ No___
Excessive farsightedness Yes___ No___
Near acuity Yes___ No___
Color deficiency Yes___ No___
(Elementary or Jr. High grade. Please indicate which grade _____).

F. Annual screening should include the following as a minimum:
1. All children in grades K through 3
2. All teachers and/or parent referrals.
3. All children new to the school system.
4. All exceptional children.
5. All children once in lower, intermediate and upper secondary respectively.

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
G. Refer all children who fail a screening test to a vision specialist.	G. How many children were referred for eye care after last screening? This represents _____ percent of the children screened.	
H. Follow-up referral to see if care has been obtained for each child referred for eye care.	H. What percentage of the children referred are known to have received follow-up care. _____%	
Health Room (Clinic)		
A. A health room or clinic should be provided at each building site and adequately equipped to carry on essential school health services; examinations, tests for vision, hearing, speech, psychological, and private conferences.	A. Does your school have a room where the school physician, school nurse and other specialists can perform: Examination Yes___No___ Video testing Yes___No___ Hearing testing Yes___No___ Psychological testing Yes___No___ Speech therapy Yes___No___ Private conferences Yes___No___ 1. Does it have a place where pupils who are injured or who become suddenly ill can wait until someone can transport them home? Yes___No___ 2. Does it have space for use by health service personnel for individual or small group conferences? Yes___No___ 3. Is there adequate space for storing first aid supplies, school health records, etc.? Yes___No___	
Medical Examinations		
A. "School Health: A Guide for Physicians", American Academy of Pediatrics, suggests that the priority of medical appraisal should be: 1. children identified as having problems 2. children entering school 3. children in mid-school (6-7 grades) 4. children before leaving school (11-12 grades) The results should be reported to appropriate school personnel.	A. Do pupils receive a medical examination upon entrance to school? Yes___No___ 1. Are they examined at mid-school? Yes___No___ 2. Are referrals with special problems examined? Yes___No___ 3. Are they examined at senior high school? Yes___No___	
B. Arrangements should be made for children of low income families to receive examinations. Plans should be formulated whereby school and physicians share necessary information	B. Is this examination done by: Health Department Yes___No___ School Health Service Yes___No___ Other (list): If there are no arrangements for this examination, give reason:	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
C. Medical examinations to include orthopedic evaluation should be given to students enrolled in athletic programs. Consideration should be given to students enrolled in other groups, such as, marching bands, intramural and interscholastic sports, etc.	C. Are boys and girls in the athletic program provided medical examination? Boys Yes__ No__ Girls Yes__ No__ By whom?_____ When?_____ Other groups such as: Marching Band Members Yes__ No__ Drill Teams Yes__ No__ Intramural Sports Yes__ No__ Interscholastic Sports Yes__ No__ Other/Specify Yes__ No__	
D. All families receiving ADC, should be enrolled in the Early Periodic Screening Diagnosis and Treatment (EPSDT) Program.	D. How many children are enrolled in EPSDT Programs in: Elementary _____ Secondary _____	
E. Plans should be developed with Department of Human Services to share this information as needed by professional personnel planning health services	E. Check the method the Department of Human Services utilizes to share EPSDT screening information on students: Phone Yes__ No__ Written form Yes__ No__ Other (list): Yes__ No__	
Health Records		
A. A health record should be started when the child enters school and should follow the student as he moves from grade to grade and from school to school. Confidentiality of all health and mental health records should be respected. All personnel should be very careful of sharing any information that might prove speculative or damaging to any student. (Refer to State Department of Health form 216).	A. Does each pupil have a health record on file? Yes__ No__ Does your school use School Health Records form from the Oklahoma Department of Health? Yes__ No__ If not, what form is used: Is the permanent health record transferred when a child changes schools? Yes__ No__	
Health Counseling		
A. A definite plan of continuous follow-up should be established. The school nurse should be a liaison with school, parents, and community resources.	A. Has your school established a plan of referral and follow-up? Yes__ No__	
B. Health Counseling is one of the main functions of the school nurse, and important information should be shared with and utilized by school counselors, psychologists, teachers, etc.	B. Is the nurse given time for counseling? Yes__ No__	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
C. The school nurse follows through to help the parent with remedial action. Upon discovering a health defect in a student, the school nurse should follow-up by assisting parents with a plan of remedial action. This could involve a team such as: physician, psychologist, public health nurse, visiting teacher, speech therapist, school counselor, etc.	C. Does the nurse communicate with parents regarding child health defects and remedial action by: Written note Yes__ No__ Telephone Yes__ No__ Home Visit Yes__ No__ Conference at School Yes__ No__	
D. The school nurse should have some training in mental health counseling. The school nurse and counseling staff and/or psychologist should have agreed upon procedures for mutual referral and collaboration on students with significantly overlapping physical (somatic) and mental health problems.	D. Has the school nurse had any courses in mental health? Yes__ No__ Are there mutually agreed procedures for referral by school nurse and by psychologist? Yes__ No__	
Teacher-Nurse Conferences		
A. A teacher-nurse conference should be held at least once a year or as often as needed.	A. Is time provided for the nurse to schedule conferences with teachers? 1. One a year Yes__ No__ 2. As often as necessary Yes__ No__	
Children With Special Problems		
A. Identification of and special provision for handicapped children; deaf and hard of hearing, crippled, visually impaired, neurologically and emotionally disturbed, etc., is an important aspect of school health services. The school should make special provisions for handicapped pupils in regular classes when this is the most appropriate placement. Special facilities and/or programs should be made available to the children with any handicapping conditions.	A. Number of children with special problems in: Elementary _____ Secondary _____ List types of handicaps: What provision is made for children with special problems? Check: 1. Special Facilities: Ramps ____ Special toilets ____ Rest areas ____ 2. Special Services: Occupational Therapy ____ Speech Therapy ____ Psychological ____ 3. In-service education for teachers ____ 4. In-service education for auxiliary personnel ____ Types: 5. Transportation provided ____ 6. Other (list):	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE

Dental Examinations

A. Examinations by a dentist for school purposes should be given to all pupils entering the system and at the beginning of the secondary school level.

A. Do pupils receive a dental examination upon entrance to school? Yes___ No___
If yes, what percent? ____%
1. Do pupils receive a dental examination at the secondary level? Yes___ No___
If yes, what percent?____%

B. These examinations should be done by a dentist in his office or clinic with the parents of elementary children accompanying them.

B. Outline your plan for making a concentrated effort to have all students visit their dentist regularly.

1. Check reasons why students are not receiving dental care:
Lack of dental manpower ___
Lack of funds ___
Lack of transportation ___
Other (list):

C. The school or the community should provide for the dental examinations of indigent pupils. The local Dental Society working with the school and community should formulate a program to provide services for indigent students.

C. What dental services are provided for children whose parents cannot afford such services?

1. What arrangements are made for the examination of indigent children?

D. All students involved in interscholastic contact athletics should be provided with mouth protectors. The local dental society should be contacted for assistance.

D. What arrangements are made for mouth protectors for students involved in interscholastic contact athletics?
Provided by the student Yes___No___
Provided by schools Yes___No___
Provided by local dental society Yes___No___
Provided by other (list):

E. The community water supply should be fluoridated.

E. Is your community water supply fluoridated? Yes___No___
If not, why?

F. In a good school health program, oral hygiene should be observed by the teacher, school nurse and other personnel involved in the health of the student. Pertinent information should be recorded on the cumulative health record. Evidence of dental neglect should be reported by the school nurse or teacher to parents. Follow-up of this referral should be done by the responsible person.

F. Pertinent dental health information is filed in the cumulative health folder? Yes___ No___

Referrals from dentists Yes___No___
Recorded by nurse Yes___No___
Other (list):

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
G. Dentists, Dental Auxiliaries or affiliated groups are resources that can be utilized in a dental health education program.	G. Check the resources listed below which have been utilized in your dental program in the past. Dentists Yes___No___ Dental Hygienists Yes___No___ Dental Auxiliaries Yes___No___ P.T.A. or P.T.O. Yes___No___ Others (list): Future Plans:	
Health of School Personnel		
A. Pre-employment health examinations should be required of all school personnel.	A. Pre-employment examinations are required for all school personnel? Yes___ No___	
B. Periodic medical examinations of school personnel are recommended.	B. If periodic medical examinations are required, state the time intervals:	
Communicable Disease Control		
A. There should be well-defined school health policies developed in cooperation with local health departments and/or with School Health Services and approved by the Board of Education.	A. Does your school have written school health policies? Yes___ No___	
B. School personnel and parents should be informed regarding these policies.	B. Parents and teachers are informed regarding these policies by: Meetings Yes___No___ Newsletters Yes___No___ Other (list):	
C. Cases of communicable diseases should be reported to the School Nurse or appropriate Health Agency.	C. Check the method the school nurses use in reporting communicable diseases. Phone _____ Written form _____	
D. All students should comply with the law of Oklahoma regarding immunizations as stated in House Bill 1203. This law requires a pupil to be or in the process of being immunized against polio, diphtheria, rubella, pertussis and tetanus. This is the responsibility of the administrator.	D. Does your school have a formal plan for enforcement of this law? Yes___ No___	

Part III

Healthful School Living

The health of the students and school personnel is affected by the environment in which they work and play. Environment influences the health, the habits, the attitudes, the comfort, the safety, and the working efficiency of school personnel. The environment is the responsibility of the school administration, helping to maintain it is the responsibility of all school personnel, and inspecting for environmental deficiencies is the statutory responsibility of the local department of health.

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
Inspection		
A. Annual inspections of the school facilities are made by the local health department sanitarians and school health personnel (custodial staff-school administrators). The procedure for the annual inspcctions is being revised by the State Health Department.	A. Date of School Inspection: School Official Name and Title: _____ _____ 1. Progress of inspection recommendations:	
B. Annual inspections of the school food by the local health department's sanitarian and school personnel (cafeteria supervisor-school administrators).	B. Date of Food Service Inspection: School Official Name and Title: _____ _____ 1. Progress in correcting (remedying) inspection violations:	
C. Procedure has been established to insure that inspection reports are properly interpreted to school authorities.	C. The inspection results are reviewed and explained with recommendations to the school officials at the time of the inspection. School Officials consulted: 1. Superintendent or Principal ___ 2. School Administrator ___ 3. Custodial Supervisor ___ 4. Cafeteria Supervisor ___ 5. Others _____	
D. Copies of the inspection reports are sent to the appropriate persons.	D. Copies of the inspection reports are sent to: 1. Board of Education ___ 2. School Administrator ___ 3. Health Supervisor/Coordinator ___ 4. Custodial Supervisor ___ 5. Cafeteria Supervisor ___ 6. Others _____	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
E. Periodic in-service education programs for custodial and food service employees are recommended.	E. In-service education programs for custodial and food service employees were provided during the last twelve months. Yes____ No____ List future plans for in-service education programs for the next twelve months.	
F. The school environment should stimulate learning and the development of good sanitation practices such as: 1. Food handling instructions for students assisting in the lunch program. 2. Students to learn and appreciate good food handling practices. 3. Maintaining a more attractive lunch room. 4. Proper storage of food.	F. Check any activities initiated by school officials which serve to motivate environmental sanitation practices. 1. Enlists the help of student patrols to make inspections of the environment to check for good sanitation and safety practices. Yes ___ No ___ 2. Food handling class conducted for students assisting in the lunch room. Yes__No___ 3. Group of students works with lunch room personnel in improving attractiveness of lunch room. Yes__No___ 4. Invites local sanitarian to discuss sanitation and safety practices to school personnel and/or health classes. Yes__No___ 5. Others (list):	
Safe School Environment Accident prevention is a vital part of annual inspections conducted by local health sanitarians and school health personnel. These inspections place considerable emphasis on maintaining, planning, and developing safety practices within the school environment and especially at specific locations.		
A. The sanitarian's inspection of safety of the environment should include the following major areas: *School grounds *Parking area *Playground and equipment *Athletic field and equipment *Floor areas, stairs, ramps *Classrooms *Dressing/shower rooms *Gymnasium/Auditorium *Vocational areas/chem labs/ home economics rooms	A. 1. Parking kept away from playground equipment? Yes__No___ 2. Playground equipment maintained in good repairs? Yes__No___ 3. Has soft, absorbent surface been provided around playground equipment? Yes__No___ 4. Are floor surfaces kept clean, free of tripping, slipping hazards? Yes__No___ 5. Classrooms arranged for best traffic pattern, least amount of congestion? Yes__No___	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE

*School cafeteria/kitchens
*Restrooms
*Fire fighting equipment/exits
*First aid emergency rooms
*Heating/cooling systems
*Custodial and storage areas

6. Classroom furniture kept in good repair, adequate lighting provided? Yes__No__
7. Adequate supervision provided for organized/unorganized activity on the school grounds and in the gymnasium? Yes__No__
8. Necessary safety precautions taken in vocational shop, chem labs, home economics areas, i.e.:
   *protective eyeware provided Yes__No__
   *faucet for eye lavage if chemically burned Yes__No__
   *fire extinguisher close to heating elements Yes__No__
9. In-service safety programs presented for food service personnel in school kitchen? Yes__No__
10. Restroom floors kept dry, free of debris? Yes__No__
11. Fire extinguishers checked monthly to determine operability? Yes__No__
12. Date of last fire extinguisher check?
12. Proper class of extinguishers provided according to type of fire hazard, i.e., electrical, paper, chemical, etc.? Yes__No__
13. Health department sanitarian meets with school personnel or safety committee to discuss findings of the school inspection and needed or recommended corrections? Yes__No__
14. Are fire exits readily accessable - not locked or blocked? Yes__No__
15. Are heating and cooling systems in safe operating order? Yes__No__
16. Are storage areas orderly arranged and free of hazardous debris? Yes____ No____

B. An effective school safety program encompasses many areas within the school system:
   1. Constant awareness to potential hazards of new products being introduced into the school environment.
   2. Special training, and drills of school bus drivers and children in school bus safety practices along with regular school inspections.

B. Check any special safety in-service education programs during the past school year for:

Bus Drivers	Yes__No__
Lunch room personnel	Yes__No__
Teachers	Yes__No__
Custodians	Yes__No__
Safety Patrol	Yes__No__

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE

3. School safety concerns integrated into appropriate curriculum designs.
4. Fire and evacuation drills.
5. Safety education.
6. Tornado/Civil Defense drills.

C. Safety concerns should be integrated into the health education curriculum.

C. Check safety concerns that have been integrated into the curriculum this past year, such as:

1. Accident Etiology Yes__No__
2. Bicycle Yes__No__
3. Home(urban/suburban) Yes__No__
4. Home (rural) Yes__No__
5. Toy Safety Yes__No__
6. Pedestrian Safety Yes__No__
7. Vacation Yes__No__
8. Poisons/Medicines Yes__No__
9. Firearms and Hunting Yes__No__
10. Automobile and seat belt Yes__No__
11. Pets Yes__No__
12. Fires Yes__No__
13. Athletic and playground Yes__No__
14. Water and boating Yes__No__

School Nutrition Program

A. There is a food service provided in the school and all pupils are encouraged to participate.

A. Is there a food service program in your school? Yes__No__

B. The lunch served meets the National "Type A" Standard.

B. Does it meet National "Type A" Standard? Yes__No__

C. It is recommended that the practice of selling candy and sweetened beverages not be permitted during school or lunch hours. Sale of such items is in direct competition with a good lunch program.

C. Does your school sell:

1. Candy
2. Soft drinks
3. Chocolate milk or drink
4. Other snack items

D. The school lunch program should be utilized as a learning laboratory for good nutrition in a child's life

D. Check activities regarding the school lunch program.

1. Classroom units Yes__No__
2. Are students given an opportunity to evaluate the "Type A" school lunch menu. Yes__No__
3. Is a survey made to see which foods are wasted or rejected? Yes__No__

E. School Food Service Personnel should be encouraged to attend workshops and conferences sponsored by the School Lunch Section of the State Department of Education.

E. In this school year, how many school lunch personnel attended the workshops and conferences sponsored by the State Department of Education?

1. How many attended local workshops? _____ _____

Part IV

Health Education

Schools are the official community agencies for the education of children. They have the major responsibility for the health instruction of children, grades K through 12. Health education instruction should be organized to provide learning experiences which favorably influence understandings, attitudes, and behavior with respect to individual and community health. In addition, the program should be designed to teach the individual to assume an ever increasing responsibility for his own health status.

Careful and continuous planning on the part of the school is necessary for an effective health instruction program. Objectives must be established; a sequential K - 12 curriculum must be developed or adopted; content should be appropriate to the needs, interests, and intellectual ability of the pupils; adequate time and credit must be allotted; and, most importantly, well qualified, certificated, and enthusiastic teachers must be assigned to teach the health classes.

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
A. It is recommended that Health Education be presented as an integral part of the curriculum at all grade levels.	A. 1. Time allotted/week Grade K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 2. Health is taught as a separate course at the junior high level? (Circle grade(s): 7, 8, 9) Yes___No___ 3. Health is taught as a separate course at the high school level? (Circle grade(s): 10, 11, 12) Yes___No___ 4. How often do the classes meet? Junior High _____ Senior High _____ 5. How much time is allotted per class period? _____	
B. The number of pupils assigned to health classes should be no greater than those assigned to other classes.	B. 1. Average number of students per health class is _____. 2. Average number of students per all other classes is _____.	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
C. It is recommended that health be taught in a natural setting and that the sexes should only be separated if they are separated for other courses.	C. 1. Which of the following is typical in your school? Separate classes, boys and girls Yes__No__ Coed classes Yes__No__ Usually coed, but separated for some classes Yes__No__ If yes, list:	
D. Scheduling for health instruction should be like all other disciplines.	D. Health receives the same status on scheduling as other disciplines? Yes__No__	
E. A staff member, specialized in health education (major in health education) should be designated health chairman or coordinator and assigned the responsibility for coordinating the entire health program.	E. A health chairman is designated? Yes__No__ 1. If yes, is the health chairman a specialist in health education by professional preparation? Yes__No__ 2. If chairman is not a specialist in health education, check any of the following that apply: a. Has taken some health education courses and had experience in teaching health? Yes__No__ b. Has attended a School Health Workshop at a college or university? Yes__No__	
F. An interdisciplinary committee of persons should be appointed to plan and evaluate the health program cooperatively. The health coordinator should chair this group.	F. A health committee is appointed? Yes__No__ 1. How often does the committee meet? 2. The health coordinator chairs this committee? Yes__No__ 3. The local health committee is represented by the following (check appropriate ones): Teachers ____ Parents ____ Administrators ____ Physicians ____ Nurses ____ Guidance counselor ____ Psychologist ____ Students ____ Others (list):	
G. The school administration should provide a setting conducive to health including an equipped classroom, moveable furniture, supplies and materials and tables for demonstrations.	G. Our school utilizes: Regular sized classroom ____ Moveable furniture ____ Materials and supplies ____ Tables for experiments and demonstrations ____	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
H. The school should provide in-service education programs for teachers to assist them in conducting health instruction in an interesting and sequential manner.	H. How many in-service programs on health education were offered during the past year? _____ 1. How many faculty attended each program? _____ 2. List the grades represented by teachers attending: _____ 3. Were the in-service programs evaluated? Yes__ No__ 4. Topics covered (check appropriate ones): General Health Knowledge __ New materials reviewed __ Teaching ideas shared __ Organization and curriculum development planning of program by grade level __ Demonstration of use of audio-visual and other equipment __ Other topics (Please indicate): 5. Were resource persons from universities, state and/or local health agencies utilized? Yes__ No__ 6. If yes, name participating agencies.	
I. The school administration should provide textbooks, charts, filmstrips, resource books, models, pamphlets, transparencies, and other aids which are authoritative, up to date, interesting and appropriate for the grade level in which they are used.	I. Are textbooks provided for each student enrolled in health? Yes__ No__ 1. When were the health textbooks printed? 2. Which of the following are readily available? Textbooks ____ Charts ____ Filmstrips ____ Resource books ____ Models ____ Pamphlets ____ Transparencies ____ Others (list):	
Curriculum Planning		
A. The health instruction program should be based on the problem solving conceptual approach to studying and meeting the health needs, interests and problems of the students.	A. 1. Check ways students were surveyed to find their needs and interests: Questionnaires ____ Tests ____ Checklists ____ Personal Essays ____ Other ____ 2. List ways the community has been utilized to find local needs and interests: 3. Are morbidity and mortality statistics for the community studied and utilized? Yes__ No__	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
B. Curriculum planning should be carried out by the interdisciplinary committee responsible for the school health program.	B. Is the interdisciplinary committee assigned the task of writing the health education curriculum? Yes__No__ 1. If not, who is responsible for the curriculum?	
C. The health instruction program should utilize the conceptual approach.	C. Is the conceptual approach utilized? Yes__No__ 1. Of the following check those which have been reviewed by the health committee: School Health Education Study ____ "A Conceptual Approach to Curriculum Design" ____ American School Health Association's Curriculum ____ Oklahoma Department of Education ____ Comprehensive Drug Education Curriculum, K-12 ____ 2. If none of the above are utilized, name others that have been used as references: 3. Check the grade levels in which the conceptual approach is used: 1 - 3 ____ 4 - 6 ____ 7 - 9 ____ 10 - 12 ____	
D. The school system provides for use in the school a teaching guide, which contains: 1. A statement of philosophy upon which the school health education program is based. 2. Health education instructional content guide which includes a developmental scope and sequence approach to curriculum design, including the following: a. Concept Emphasis b. Content c. Suggested teacher methods and techniques d. Student learning activities e. Evaluation f. Student/teacher resources and materials	D. A health instruction guide is available and used in the school? Yes__No__ 1. Is a statement of philosophy included in the guide? Yes__No__ 2. Of the areas recommended in Column 1, for inclusion in the guide, check those which are presently available:	

	K-3	4-5-6	7-8-9	10-11-12
a.				
b.				
c.				
d.				
e.				
f.				

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
E. A long range plan should be developed for implementing the health instruction program outlined in the teaching guide. A definite time plan should be included.	E. Is a plan available? Yes__ No__ Three years ____ Five years ____ Other (specify):	
Curriculum Content*		
A. In general, the health instruction program for the school includes the following large areas with careful consideration being given to proper grade placement and sequence.	A. Indicate in which grades each subject is taught by placing a check in the appropriate square. Please write in the grade level.	

	K-3	4-5-6	7-8-9	10-11-12
1. Growth and Development	1.			
2. Mental/Emotional Health	2.			
3. Personal Health	3.			
4. Family life and Health	4.			
5. Nutrition	5.			
6. Disease Prevention/Control	6.			
7. Safety and First Aid	7.			
8. Consumer Health	8.			
9. Drug Use and Abuse	9.			
10. Community Health Management	10.			

*Developed by the National Center for Health Education.

Program Description	Desirable Outcomes - For Students
1. Growth and Development - Structure and function of the systems of the body; their interdependence and contribution to the healthy functioning of the body as a whole; reciprocal relationships between growth and development.	1. Growth and Development Students: - Appreciate the contribution of each of the body systems to the survival and health of the total system. - View growth and development as a lifelong process fostered by responsible behavior.
2. Mental/Emotional Health - Ability to handle stress appropriately; to apply problem solving skills to the resolution of individual and family concerns; achievement of a positive self-concept that respects the rights of others to be different; and acceptance of responsibility for his/her own health as well as for that of others.	2. Mental/Emotional Health Students: - Identify ways to make strangers, visitors, or new students feel welcome - Demonstrate the steps in the decision-making process - List possible sources of help when one is unable to cope with a stressful situation.

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
3. Personal Health - Development of positive health care habits; includes grooming, physical fitness, and other personal health practices that help maintain the body and promote overall wellness.	3. Personal Health Students: - Determine when and where appropriate personal health treatment should be obtained - Relate wellness to the quality of life by listing activities that contribute to good health and those that abuse the body - Exemplify good personal care habits that are easily observable such as clean hair, skin, brushed teeth, and clear complexion	
4. Family Life and Health - Exploration of the roles and interactions of individuals within the family life cycle; responsibilities and privileges experienced by each family member; physical, mental and social changes anticipated for each person from birth to death; the family's responsibility for the healthy maturation and socialization of children.	4. Family Life and Health Students: - List the physiological changes that occur between childhood and adulthood - List responsibilities of family members necessary for healthy relationships - Identify the major problems they will encounter as they mature sexually	
5. Nutrition - Sources of the principal nutrients; functions of food in meeting body needs; essential components of a balanced diet; significance of eating a wide range of foods; potential influence of food fads and fallacies on nutrition.	5. Nutrition Students: - Recognize and classify foods according to kinds, food groups, sources and traditions - Evaluate one's daily food choices in terms of recommended nutritional needs and contribution to optimal health - Identify situations in the school, home, or community that affect cleanliness and safety of food - Plan a nutritionally adequate menu for themselves, a younger or older child, and an older person to demonstrate an understanding of lifelong nutritional needs and the relationship between body needs and food requirements at different ages.	
6. Disease Prevention and Control - Study of factors contributing to the development of chronic, degenerative, and communicable diseases and disorders; methods for the detection, prevention, and/or control of cardiovascular disease, digestive and respiratory disorders, sexually transmitted diseases, cancer, and other such health problems.	6. Disease Prevention and Control Students: - Demonstrate basic knowledge of disease control by practicing appropriate personal health habits - Name community health agencies or personnel who can aid them in maintaining health and identify the service they provide - Identify those diseases that can or cannot be prevented or controlled.	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
7. Safety and First Aid - methods for the identification and elimination of hazardous conditions or situations; rules and procedures for safe living in the home, school, and community; patterns of behavior promoting accident prevention; techniques for first aid and emergency care.	7. Safety and First Aid Students: - List home safety hazards and offer appropriate suggestions for eliminating such hazards - Conduct themselves in a responsible manner during school hours that shows regard for safety rules and procedures - Demonstrate appropriate procedures to follow when role playing an accident situation	
8. Consumer Health - Study of forces influencing an individual in the selection of health information, products, and services; delineation of criteria for those selections; evaluation of commercial appeals motivating the sale and purchase of health-related products and services.	8. Consumer Health Students: - Identify the criteria for selection of health advice, products, and services - Recognize a variety of propaganda techniques used in advertising health products or services - List the specific ways at least one consumer protection agency provides protection	
9. Drug Use and Abuse - Beneficial and appropriate versus harmful and inappropriate uses of mood modifers such as opiates, cannabis, amphetamines, barbiturates, hallucinogens, tranquilizers, tobacco, alcohol, and volatile substances, including those medications commonly sold over the counter either with or without a prescription.	9. Drug Use and Abuse Students: - Identify the psychological, physiological, social, or economic factors that frequently lead to misuse of substances - Respond to problems with appropriate and logical decision-making processes - List alternative ways of coping with stressful situations other than the misuse of alcohol, tobacco, drugs, or other substances - Identify the many useful drugs and those which are commonly misused	
10. Community Health Management - Study of ways the individual can effectively contribute to the solution of of community-wide health problems such as environmental resources, functions of voluntary, offical, professional, and other health organizations; community health career opportunities.	10. Community Health Management Students: - Identify immunizations required of children or adults and the possible consequences if individuals or communities do not obtain them - Discuss the consequences if community health resources are not funded - Match a list of health careers to statements of their functions or services	

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE

Methods and Instructional Aids

A. The students whenever possible should be actively involved in the health education program.

A. Of the following student related activities, check those which are used:
Role-playing ____
Group discussions ____
Dyad (interaction between two students) ____
Debates ____
Panels ____
Case Study ____
Independent studies and reports ____
Others (list): ____

B. The health instruction program should include a variety of teaching techniques. Instruction should be geared towards skill development in seeking information, analyzing it carefully, drawing conclusions, and making behavioral decisions.

B. Of the following methods, check those which are used:
Lecture ____
Field trips ____
Resource speakers ____
Demonstrations and experiments ____
Surveys ____
Problem solving discussion ____
Others (list):

C. The school media center should contain current periodicals and other resource material for health classes such as:
"School Safety"
"Today's Health"
"Journal of School Health"
Public Affairs Pamphlet
Science Research Associates
Materials from American Medical Associates
Oklahoma Department of Education, Media Center
Material from Drug/Health Education Curriculum Center
Materials from AAHPERD
Materials from State Health Department
Materials from voluntary health agencies - Lung, heart, cancer, etc.
Oklahoma Educator

C. List the resources available to your students and staff.

D. Projection equipment, tape recorders, and record players should be available for use in the classroom.

D. The following are available within the school for use in the classroom:
Movie projectors ____
Record players ____
Tape recorders ____
Slide projectors ____
Filmstrip projectors ____
Transparencies ____
UTR/VCR ____

E. Educational media is utilized in the teaching of health education.

E. Is educational media utilized?
Yes ___ No ___
If yes, list below:

STANDARDS AND RECOMMENDED PRACTICES	WHAT ARE WE DOING	COMMENTS, PRIORITIES, PROPOSED PLANS, TIME SCHEDULE
Evaluation		
A. The school makes periodic evaluation of the health instruction program to determine if behavioral objectives for pupils are being met. This includes an appraisal of knowledge gained, interests and values modified, and behavior changed.	A. Is the health instruction program evaluated periodically? Yes___ No___ Date of last evaluation:	
B. The results of the evaluation are used by the interdisciplinary committee as a basis for curriculum revision and program improvement.	B. The results of evaluations are being used? Yes___ No___	

Resources

All Community Health Care Agencies

American Academy of Pediatrics
P.O. Box 1034
Evanston, Illinois 60204
"School Health: A Guide for Physicians"

American Alliance for Health, Physical Education, Recreation, and Dance
1900 Association Drive
Reston, Virginia 22091

American Cancer Society

American Cancer Society, Oklahoma Division
1312 N.W. 24th
Oklahoma City, OK 73106
Phone (405) 525-3515

American Cancer Society -
Cancer Challenge to youth
(Teaching Kit)
The Embattled Cell
(educational film), and other free teaching aids.

American Cancer Society -
The Dangers of Smoking
The Benefits of Quitting
Decision for Mike - Teachers Guide for Film
Answers to the Most Often Asked Questions
About Cigarette Smoking and Lung Cancer
If You Want to Give Up Cigarettes
Cigarette Smoking: Take It or Leave It
(A multi-media educational program)
Facts on Lung Cancer

American Cancer Society, Inc. -
Take Joy, A Teacher's Guide to Six Systems of the Body (film)

American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

American Dental Association
Four Curriculum guides available
(K-3, 4-6, 7-9, 10-12)
Learning About your Oral Health

American Diabetes Association
Western Oklahoma Chapter
2801 N.W. Expressway, Suite 146
Oklahoma City, OK 73112

American Dietetic Association
430 N. Michigan Avenue
Chicago, Illinois 60611

American Heart Association

American Heart Association
Oklahoma Affiliate
P.O. Box 11376
Oklahoma City, OK 73111
Phone (405) 236-5534
(Cardiopulmnary Resuscitation (CPR) and Health Instruction materials)

American Heart Association
Putting your Heart into the Curriculum
(A guide for teachers and youth workers)
1978

American Lung Association

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610
"Health Appraisal of School Children"
"Suggested School Health Policies", prepared by Joint Committee on Health Problems in Education of the NEA and the AMA

American Medical Association Auxilliary
A publication list available

American Red Cross
323 N.W. 10th
Oklahoma City, OK 73103

American Red Cross
3345 South Harvard
Tulsa, OK 74135

American School Food Service Association
4101 E. Iliff Avenue
Denver, CO 80222

American School Health Association
ASHA National Office Building
Kent, OH 44240

American Social Health Association

Area Hospitals and Clinics

Arthritis Foundation Oklahoma Chapter
3313 Classen Boulevard
Oklahoma City, Oklahoma 73118

Better Business Bureau

Blue Cross Association
Stress, Blue Print for Health 25 (1974)

Blue Cross/Blue Shield
1215 South Boulder
Tulsa, OK 74119
Phone (918) 583-0861

Blue Cross/Blue Shield
P.O. Box 60545
Oklahoma City, OK 73146
Phone (405) 232-1441

Bureau of Maternal and Child Health
State Health Department
P.O. Box 53551 10th and Stonewall
Oklahoma City, OK 73152
Phone (405) 271-5600

Center for Science in the Public Interest
1755 S. Street, N.W.
Washington, D.C. 20009

Consumer's Union of the United States
Consumer Reports

County Cooperative Extension Services

Department of Agriculture
Environmental Sciences Section

Department of Health

Department of Natural Resources

Driver and Safety Education Section
Oklahoma State Department of Education

Easter Seal Society for Crippled
Children and Adults

Environmental Protection Agency
(Contains many divisions for specific
aspects of EPA)

Family Health Magazine

Federal Standards for Child Abuse and Neglect
Prevention and Treatment
The National Center on Child Abuse and Neglect
P.O. Box 1182
Washington, D.C. 20013
(DHEW) March 1978

Food and Drug Administration

Food and Nutrition Information and
Education Materials Center
National Agricultural Library, RM 304
Beltsville, Maryland 20705

Gallup, George H.
"The 10th Annual Gallup Poll"
Phi Delta Kappan 60 (September 1978):33-45.
Reprints available from
Phi Delta Kappa
Eight and Union
Bloomington, Indiana 47401

The General Mill's American Family Report
1978-79, Family Health in an Era of Stress
Conducted by Yankelovich, Shelly & White, Inc
General Mills, 1979
Minneapolis, Minn.

Kline, Donald F. - Child Abuse and Neglect:
A Primer for School Personnel No. 154.
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Local Fire Department

Local Health Department

March of Dimes, Birth Defects Foundation
Central Oklahoma Chapter
6051 N. Brookline, Suite 111
Oklahoma City, OK 73112

Oklahoma Mental Health Department
National Mental Health Clearing House
Oklahoma Mental Health Clearing House
Mental Health Materials Center
419 Park Avenue South
New York, NY 10016

National Academy of Sciences
National Research Council
Washington, D.C. 20025

National Dairy Council
6300 North River Road
Rosemont, Illinois 60018

a) Dairy Council, Inc.
1700 N. Sooner Road
Oklahoma City, OK 73111

b) Dairy Council, Inc.
6240 E. 15th Street
Tulsa, OK 74112

National Education Association
What Research Says to the Teacher series
Washington, C.C.
NEA No. 24 - Robert F. Peck & James V.
Mitchell, Jr.
Mental Health, 1968 - No. 30
Fredrick F. Lighthall
Anxiety as Related to Thinking and
Forgetting, 1968

The National PTA and the National Foundation
March of Dimes. How to Help Children Become
Better Parents (Kit) Chicago, Illnois
The National PTA, 1978

National Safety Council

Nutrition Foundation, Inc.
Office of Education & Public Affairs
888 17th Street, N.W.
Washington, D.C. 20006
Index of Nutrition Education Materials
Revised Edition, 1977

Ohio Department of Education
Division of Special Education
933 High Street
Worthington, Ohio 43085

Office of Consumer Affairs

Ohio Department of Health
P.O. Box 118
Columbus, Ohio 43216
1100 Hours - Film
15 minutes, 16mm, sound - showing aspects of sanitation in the school environment. Suited for school officials and interested adult groups - Health Education Section "School Accident Report Form" 4966. 32 "Summary Form for School Accident Report Form" 4965.32 Accident Prevention and Product Safety Unit "Sanitation in the School Environment" 2116.32 "Food Service Operation" 2231.32 Bureau of Environmental Health "Communicable Disease Information-A Guide For Schools" 0945.11 Division of Communicable Disease "School Health Record Form" 3613.13 Rev. 1974
"Teacher Worksheet for Student Health Observation" 3611.13 Rev. 1967
Division of Maternal and Child Health

Ohio Department of Mental Health
and Mental Retardation
Office of Communications
2929 Kenny Road
Building A, Room 101
Columbus, Ohio 43221

Ohio State Medical Association
600 South High Street
Columbus, Ohio 43215
"Suggested Procedures for School Emergencies"

Oklahoma Dental Association
629 N.W. Expressway
Oklahoma City, OK 73118
Phone (405) 848-8873

Oklahoma State Department of Education
School Lunch Section
Nutrition Education & Training Program
2500 N. Lincoln Boulevard
Oklahoma City, OK 73105
Creative Nutrition Education
An Integrated Approach
A comprehensive curriculum guide for the elementary level.
Soup-to-Nuts - A video program for middle grades. Consists of ten, 15 minute segments, each focusing on a current topic of high interest to the teenage population. To be aired over Instructional Television stations beginning in January, 1981. Teacher's manual available through the Oklahoma State Department of Education, Media Resource Center.
Audio-visual Resources: A wide variety of nutrition filmstrips and 16mm films for all grade l age levels. Request catalog from the Oklahoma State Department of Education, Media Resource Center.
Printed Resource Materials: Assorted supplemental resources, including basic nutrition information and teaching aids are available free to teachers upon request.
Inservice Workshops: Arrangements for nutrition education workshops for administrators, teachers, and school food service personnel may be made through this office.

Public Health Nurses

Regional Health Planning Agencies

Safety and Driver Education Section
A Bicycle Safety Program, (A Nine Hour Mini-Course)
Austin, Texas, Texas Education Agency 1972

Society for Nutrition Education
2140 Shattuck Avenue, Suite 1110
Berkeley, CA 94704
Journal of Nutrition Education

State Health Departments

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
(Drug Education - 12 pages)

University of State of New York
State Education Department
Health Education: Cancer Prevention and Control
Curriculum guides for grades 4,5,6, and grades 7,8,9. Curriculum Development Center - Albany, New York
Bureau of School Health Education and Services 1976. (Also teacher's training manual)

U.S. Department of Agriculture
Food and Nutrition Service
Washington, D.C. 20250

U.S. Department of Health, Education and Welfare - Public Health Services
Food and Drug Administration
Rockville, Maryland 20857

Zohman, Lenore II. --Beyond Diet--
... Exercise your way to Fitness and Heart Health. Presented as a public service by Mazola Corn Oil, CPC International Inc. 1974

Bibliography

"A Self-Appraisal Checklist for School Health Programs," Ohio Department of Education, Health, Physical Education and Recreation Section, 65 South Front Street, Columbus, Ohio 43215.

"Guidelines for Improving School Health Education K - 12," The Ohio Department of Education, Division of Inservice Education, 65 South Front Street, Columbus, Ohio 43215.

"Health Education Curricular Progression Chart," National Center for Health Education, School Education Project, 901 Sneath Lane, Suite 215, San Bruno, California 94066.

"Recommendations for School Health Education," A Handbook for State Policymakers, Education Commission of the States.

Elementary School Health Education and Service, Ronald Rhodes, Keith Karen, Robert Hafen, McKay Rollins. Allyn and Bacon Inc., 470 Atlantic Avenue, Boston, Massachusetts 02210.